

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #  
(Ethics Commission filers)

2 Total pages filed:

8

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Carroll

G.

Robinson

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

P.O. Box 162 Houston

Texas 77001-0162

5 CANDIDATE /  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( )

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Jack

Linville

7 CAMPAIGN  
TREASURER  
ADDRESS  
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

5555 San Felipe Ste. 1000  
Houston, Texas 77056

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(713) 622-1444

9 REPORT TYPE

☐ January 15

☒ 30th day before election

☐ Runoff

☐ 15th day after campaign treasurer appointment (officeholder only)

☐ July 15

☐ 6th day before election

☐ Exceeded \$500 limit

☐ Final report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month Day Year

7 / 1 / 03

THROUGH

Month Day Year

9 / 30 / 03

11 ELECTION

ELECTION DATE

Month Day Year

11 / 04 / 03

ELECTION TYPE

☐ Primary

☐ Runoff

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

Houston  
City Council Pos. 5

13 OFFICE SOUGHT (if known)

NONE

14 NOTICE  
OF DIRECT  
CAMPAIGN  
EXPENDITURE  
BY OTHER  
INDIVIDUALS

-- Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. --

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

# **CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS**

**FORM C/OH  
COVER SHEET PG 2**

15 C/OH NAME

*Carroll G. Robinson*

16 ACCOUNT # (Ethics Commission filers)

17 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)

\*\* This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. \*\*

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages
18 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 500.00

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ N/A

4. TOTAL POLITICAL EXPENDITURES

\$ 3135.85

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

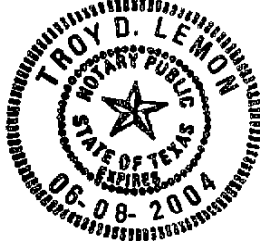
\$ 1980.72

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Carroll G. Robinson*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said *Carroll G. Robinson*, this the *14th* day of *October*, 20*03*, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A:

1 of 1

2 FILER NAME

Carroll G. Robinson

3 ACCOUNT # (Ethics Commission filers)

4 Date

9/2/03

5 Full name of contributor

☐ out-of-state PAC (ID#:Houston Fire Fishkeas PAC7 Amount of  
contribution (\$)500.008 In-kind contribution  
description (if applicable)

6 Contributor address; City; State; Zip Code

[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:Amount of  
contribution (\$)In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:Amount of  
contribution (\$)In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:Amount of  
contribution (\$)In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:Amount of  
contribution (\$)In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

## POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

105

2 FILER NAME

Carroll G. Robinson

3 ACCOUNT # (Ethics Commission filers)

4 Date

7/1/03

5 Payee name

Wesley AME Church

6 Payee address; City; State; Zip Code

2209 Dowling Street Houston TX 77003

7 Amount (\$)

100.00

8 Purpose of payment (See instructions regarding type of information required.)

Donation

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

7/1/03

Payee name

Sprint PCS

Payee address; City; State; Zip Code

P.O. Box 660092 Dallas TX 75266-0092

Amount (\$)

\$60.61

Purpose of payment (See instructions regarding type of information required.)

Cell Phone Bill

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

7/1/03

Payee name

U.S. Postal Service

Payee address; City; State; Zip Code

Main Post Office  
Houston TX 77201-9998

Amount (\$)

68.00

Purpose of payment (See instructions regarding type of information required.)

P.O. Box Rental

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

7/10/03

Payee name

Oferia T. Williams

Payee address; City; State; Zip Code

2111 Holly Hall #1210  
Houston, TX 77054

Amount (\$)

\$100.00

Purpose of payment (See instructions regarding type of information required.)

Food Council Pastry Day

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

## POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2065

2 FILER NAME

Carroll G. Robinson

3 ACCOUNT # (Ethics Commission filers)

4 Date

7/14/03

5 Payee name

Chrysler Financial

6 Payee address; City; State; Zip Code

P.O. Box 2993 Milwaukee WI  
53201-29937 Amount  
(\$)

\$532.22

8 Purpose of payment (See instructions regarding type of information required.)

Lease Payment

9 \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date

7/24/03

Payee name

City of Irving Transportation Summit

Payee address; City; State; Zip Code

850 E. Las Colinas Blvd  
Irving, TX 75039Amount  
(\$)

\$95.00

Purpose of payment (See instructions regarding type of information required.)

Golf Tournament Registration

9 \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date

8/3/03

Payee name

Spink + PCS

Payee address; City; State; Zip Code

P.O. Box 660092  
Dallas TX 75266-0092Amount  
(\$)

\$61.16

Purpose of payment (See instructions regarding type of information required.)

Cell Phone Bill

9 \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date

8/3/03

Payee name

WebLink

Payee address; City; State; Zip Code

P.O. Box 78645  
Phoenix, AZ 85062-8645Amount  
(\$)

\$116.53

Purpose of payment (See instructions regarding type of information required.)

Pager Bill

9 \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

## POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

3 of 5

2 FILER NAME

Carroll G. Robinson

3 ACCOUNT # (Ethics Commission filers)

4 Date

8/6/02

5 Payee name

Norths. de Assistance Corp.

6 Payee address; City; State; Zip Code

2711 Bringhamst  
Houston TX 770267 Amount  
(\$)

\$25.00

8 Purpose of payment (See instructions regarding type of information required.)

Donation

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

8/16/02

Payee name

Chrysler Financial

Payee address; City; State; Zip Code

P.O. Box 2993  
Milwaukee WI 53201-2993Amount  
(\$)

\$532.22

Purpose of payment (See instructions regarding type of information required.)

Lease Payment

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

8/20/02

Payee name

Houston Bar Association

Payee address; City; State; Zip Code

1300 First City Tower 1001 Fannin  
Houston, TX 77002-6706Amount  
(\$)

\$85.00

Purpose of payment (See instructions regarding type of information required.)

Membership

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

8/29/02

Payee name

Sprint PCS

Payee address; City; State; Zip Code

P.O. Box 660092  
Dallas TX 75266-0092Amount  
(\$)

\$84.89

Purpose of payment (See instructions regarding type of information required.)

Cell Phone Bill

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

4 of 5

2 FILER NAME

Carroll G. Robinson

3 ACCOUNT # (Ethics Commission filers)

4 Date

8/29/03

5 Payee name

Boy Scouts of America

6 Payee address; City; State; Zip Code

1911 Bagby / P.O. Box 52786  
Houston TX 77052-2786

7 Amount (\$)

\$50.00

8 Purpose of payment (See instructions regarding type of information required.)

Donation/Ad.

9 -- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date

8/29/03

Payee name

Wesley AME Church

Payee address; City; State; Zip Code

2209 Dowling Street  
Houston, TX 77007

Amount (\$)

\$145.00

Purpose of payment (See instructions regarding type of information required.)

Ad./Donation

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date

9/4/03

Payee name

Joseph Ndungu

Payee address; City; State; Zip Code

5909 Fondren Rd #402  
Houston, TX 77036

Amount (\$)

\$500.00

Purpose of payment (See instructions regarding type of information required.)

Scholarship Gift

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date

9/8/03

Payee name

Wesley ~~AME~~ Church

Payee address; City; State; Zip Code

2209 Dowling Street  
Houston, TX 77003

Amount (\$)

\$48.00

Purpose of payment (See instructions regarding type of information required.)

polo shirts

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

## POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

5065

2 FILER NAME

Carroll G. Robinson

3 ACCOUNT # (Ethics Commission filers)

4 Date

9/23/03

5 Payee name

Chrysler Financial

6 Payee address; City; State; Zip Code

P.O. Box 2993

Milwaukee, WI 53201-2993

7 Amount (\$)

\$532.22

8 Purpose of payment (See instructions regarding type of information required.)

Lease Payment

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

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